

REQUEST FOR BACKGROUND NAME CHECK

Directorate of Public Safety CRIMINAL RECORDS

INFORMATION REQUEST (Check One)

Arms Room ☐ Mail Room ☐ Security Clearance ☐ Drug & Alcohol ☐ Child Care Provider ☐ Other ☐

Remarks:

PERSONAL INFORMATION

(Provide the following information on the individual you want DPS to conduct background name check on.)

NAME		
LAST	FIRST	MIDDLE
RANK	SSN	DATE OF BIRTH
PLACE OF BIRTH		

REQUESTER INFORMATION

NAME	ORGANIZATION	
PHONE #	SIGNATURE	DATE

FOR MILITARY POLICE USE ONLY

Agencies Checked

Military Police <input type="checkbox"/>	Criminal Investigations Division <input type="checkbox"/>
Lawton Police <input type="checkbox"/>	Criminal Records Center <input type="checkbox"/>

Results of Name Check

Derogatory Check <input type="checkbox"/>	Cleared <input type="checkbox"/>	
Control Number	Date	Date Completed